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APPLICATION NO.	FILING DATE		DP-305388	3209
09/977,108	10/12/2001	Denis Estreich	Dr-303386	
7590 12/03/2003 MARGARET A. DOBROWITSKY			EXAMINER	
			MERCADO, JULIAN A	
				كى السعادة المادية
DELPHI TECHNOLOGIES, INC.			ART UNIT	PAPER NUMBER
Legal Staff, Mail Code: 480-414-420			1745	
P.O. Box 5052 Troy, MI 48007-5052			DATE MAILED: 12/03/2003	
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Please find below and/or attached an Office communication concerning this application or proceeding.

Applicant(s) 09/977,108 ESTREICH ET AL. Interview Summary Examiner Art Unit 1745 Julian A. Mercado All participants (applicant, applicant's representative, PTO personnel): (1) Julian A. Mercado. (3)____. (2) Chris Boehm. Date of Interview: 20 November 2003. Type: a) ☐ Telephonic b) ☐ Video Conference c) Personal [copy given to: 1) applicant 2) applicant's representative] Exhibit shown or demonstration conducted: d) Yes e)⊠ No. If Yes, brief description: ____. Claim(s) discussed: pending. Identification of prior art discussed: pending. Agreement with respect to the claims f) \square was reached. g) \square was not reached. h) \boxtimes N/A. Substance of Interview including description of the general nature of what was agreed to if an agreement was reached, or any other comments: Discussed applicant's proposed amendment sent to examiner rightfax (703-872-9426), examiner will consider applicant's amendment. (A fuller description, if necessary, and a copy of the amendments which the examiner agreed would render the claims allowable, if available, must be attached. Also, where no copy of the amendments that would render the claims allowable is available, a summary thereof must be attached.) THE FORMAL WRITTEN REPLY TO THE LAST OFFICE ACTION MUST INCLUDE THE SUBSTANCE OF THE INTERVIEW. (See MPEP Section 713.04). If a reply to the last Office action has already been filed, APPLICANT IS GIVEN ONE MONTH FROM THIS INTERVIEW DATE, OR THE MAILING DATE OF THIS INTERVIEW SUMMARY FORM, WICHEVER IS LATER, TO FILE A STATEMENT OF THE SUBSTANCE OF THE INTERVIEW. See Summary of Record of Interview requirements on reverse side or on attached sheet.

Application No.

Examiner Note: You must sign this form unless it is an

Attachment to a signed Office action.

Examiner's signature, if required